

WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

Application for Burial Benefits

A. Applicant's Name _____ Phone _____
Address _____
City, State, Zip _____

B. Deceased's Name _____ Birth Date _____
Source of Income _____
DHHR Benefits Received _____
Address _____
City, State, Zip _____
Date of Death _____ Social Security Number _____

IMPORTANT NOTE: Application must be made within 30 days of Interment or Cremation.

Was the deceased a resident of West Virginia at the time of death?

Yes No Unknown

If the answer to this question is "No", explain why the deceased is to be buried in West Virginia.

C. Your Relationship to the Deceased (Check One)

<input type="checkbox"/> Spouse	<input type="checkbox"/> Other Relative (Specify)
<input type="checkbox"/> Son or Daughter	<input type="checkbox"/> Friend
<input type="checkbox"/> Father	<input type="checkbox"/> Heir
<input type="checkbox"/> Mother	<input type="checkbox"/> Other _____
<input type="checkbox"/> Brother or Sister	

D. Need for Payment of Burial Costs and Estate of the Deceased

I attest and state that:

- The deceased's estate did not have sufficient resources equal to the maximum allowable payment. (\$2,450)
- The deceased, at the time of death, did have sufficient resources equal to or in excess of the maximum allowable payment. (\$2,450)
- I have no knowledge of/or about the deceased's estate.

E. Heirs of the Deceased

I attest and state that:

- The deceased has no heirs.
- No heirs have been located after a reasonable search.
- I have no knowledge of/or about the heirs of the deceased.

